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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2921

Registration District No. 408

Primary Registration District No. 3020

State File No. _____

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage Missouri
(c) Name of hospital or institution: McLure-Burns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs.
(Specify whether
In this community Forty Nine years
years, months or days)

3. (a) PRINT FULL NAME Flora May Stiffler

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased May 16 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 20 If less than one day
— hr. — min.

9. Birthplace Madison County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name John W. Stiffler

13. Birthplace MO Penna
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Ellen Clagwater

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Marguerite Knight

(b) Address 1008 S. Mc Gregor St.

17. (a) Rural (b) Date thereof Jan 19, 1940
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation Public Cemetery

18. (a) Signature of funeral director W. L. Mortuary

(b) Address Carthage, Mo.

19. (a) Jan. 9, 1941 (b) E. J. McIntire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 1008 S. Mc Gregor St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 6
year 1941 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-6
_____, 1941 to 1-6, 1941;
that I last saw her alive on 1-6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Burn

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 1/6

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
765 (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Russell Smith (M. D. or other) M.D.

Address Carthage, Mo. Date signed 1-8-41

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
.....
working under my personal supervision.

Registered Apprentice No.....
Signed..... Emmal Kneep

Licensed Embalmer No..... 391

P. O. Address..... Parthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 2921

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Jasper
(b) City or town Stithage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Floca May Stittler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

71

7

20

hr. min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

- (b) Address _____

17. (a) _____ (b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) _____ (b) _____

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____

- (c) City or town _____

(If outside city or town limits write "RURAL")

- (d) Street No. _____

(If rural, give location)

- (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 6
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Burns

Duration

Due to _____

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) accident

- (b) Date of occurrence 1-6-1941

- (c) Where did injury occur? Carthage Jasper MO

(City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

Home - caught clothes on fire

by smoking of cigarette

While at work no (e) Means of injury open flame

23. Signature H. Russell Smith (M. D. or other) same

Address Carthage MO signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

